

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 786,043	FILING DATE		
						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1									
2									
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5			2						
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11									
12			1						
13			2						
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16			1						
17			2						
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20			2						
21									
22			1						
23			2						
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35			1						
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38			①						
39			①						
40			①						
41			①						
42			1						
43									
44									
45			3						
46			3						
47									
48			1						
49									
50			1						
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10	1					
102	1					
103	1					
104		1				
105		1				
106	1					
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141		4				
142	1					
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145		1				
146		2				
147	1	2				
148	1					
149	1					
150	1					
TOTAL IND.	22					
TOTAL DEP.	39					
TOTAL CLAIMS	61					

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	IND.	DEP.	IND.	DEP.	
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

2 of 2

BEST AVAILABLE COPY

Claim	Date	
Final	Original	
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Claim	Date	
Final	Original	
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Claim	Date	
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If more than 150 claims or 10 actions
staple additional sheet here

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2/10/02